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Atty Docket No. 018158-004990US

PTO FAX NO.: 571-273-8300

ATTENTION: Examiner David M. Shay

Group Art Unit 3739

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER David M. Shay**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of CARL F. KNOPP et al.

Application No. 10/632,462, filed August 1, 2003

for AUTOMATED LASER WORKSTATION FOR HIGH PRECISION SURGICAL AND
INDUSTRIAL INTERVENTIONS

are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 12

Dated: 12 September 2005

Nancy Pizzo
Nancy Pizzo

Documents Attached

1. SB/21 - Transmittal Form
2. Amendment (10 pgs)

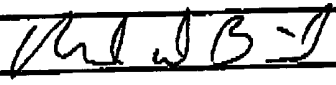
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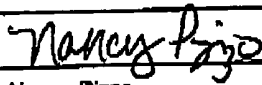
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Fax: 650-326-2422

0269 60384500 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/632,462
	Filing Date	August 1, 2003
	First Named Inventor	KNOPP, CARL K.
	Art Unit	3739
	Examiner Name	David M. Shay
Total Number of Pages in This Submission	Attorney Docket Number	018158-004990US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
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Printed name	Mark D. Barish	
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TOWNSEND and TOWNSEND and CREW LLP

By: Nancy Pizzo
Nancy Pizzo

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

CARL F. KNOPP et al.

Application No.: 10/632,462

Filed: August 1, 2003

For: Automated Laser Workstation for High
Precision Surgical and Industrial
Interventions

Confirmation No. 3822

Examiner: David M. Shay

T.C./Art Unit: 3739

AMENDMENT

Mailstop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 16, 2005, please enter the following
amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on
page 4 of this paper.

Remarks/Arguments begin on page 8 of this paper.